

LITTER REGISTRATION FORM

Owners Name:
Telephone Number:

DAM'S NAME:

SIRE'S NAME:

Date Whelped:
Registered Bitches No:
Registered Dogs No:

Pet Bitches No.:
Pet Dogs No.:

OUR PUPS WILL BE 8 WEEKS OLD ON

I/WE WOULD LIKE TO HAVE THE LITTER TATTOOED: Yes/No

IF YES CONTACT THE TATTOO COORDINATOR WHEN PUPS ARE 4 WEEKS OLD
(Merlene Davis(03) 97151271)

I/WE HEREBY GIVE THE CLUB PERMISSION TO GIVE OUT MY/OUR PHONE NUMBER

I WILL KEEP THE SECRETARY NOTIFIED OF PLACEMENTS AS TO ASSIST WITH THE RUNNING OF THE SERVICE.

Signed:
Print Name:

Kennel Prefix: